

<i>SERFF Tracking Number:</i>	<i>AFLA-126036850</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>42038</i>
<i>Company Tracking Number:</i>	<i>A92336AR</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Long-Term Care - Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Long-Term Care - Endorsement SERFF Tr Num: AFLA-126036850 State: ArkansasLH

TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 42038

Sub-TOI: LTC03I.001 Qualified Co Tr Num: A92336AR State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Marie Bennett

Authors: Eve Black, Bridget Berryman Disposition Date: 04/17/2009

Berryman

Date Submitted: 03/31/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 04/17/2009 Explanation for Other Group Market Type:

State Status Changed: 04/17/2009

Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

The below referenced form is submitted for your review and approval.

Endorsement Form A92336AR will amend Long-Term Care Insurance Policy Form A27000ARR, previously approved by your department on July 10, 2008.

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Pursuant to Long-Term Care Insurance Rule 13, Sections 5 and 27, the endorsement will make the following changes to the policy forms:

- Under Part 1, Definitions, the terms “as applicable”, “if applicable” or “as defined by the state”, in regard to licensing, have been added within the definition of Adult Day-Care Facility, Adult Foster-Care Facility, Assisted-Living Facility, Home Health Care Provider, Hospice Facility, and Nursing Home Facility.
- “Your Right to Decrease Benefits” has been added to the policy as Part 8. The INDEX on the policy schedule page will also reflect this addition.

We intend to make the changes available to all policyholders upon approval by your department. The endorsement will be added to all policies issued after the date of implementation and will be mailed to all existing policyholders issued prior to the date of implementation.

This submission will not affect the premium rates currently on file with your department.

Company and Contact

Filing Contact Information

Bridget Berryman, Policy Analyst	bberryman@aflac.com
1932 Wynnton Road	(706) 660-7132 [Phone]
Columbus, GA 31999	(706) 660-7080[FAX]

Filing Company Information

American Family Life Assurance Company of Columbus	CoCode: 60380	State of Domicile: Nebraska
1932 Wynnton Road	Group Code:	Company Type: Life and Health
Columbus, GA 31999	Group Name:	State ID Number:
(706) 323-3431 ext. [Phone]	FEIN Number: 58-0663085	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: One endorsement form x 20.00 = \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$20.00	03/31/2009	26841151

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	04/17/2009	04/17/2009

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Disposition

Disposition Date: 04/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Long-Term Care - Endorsement

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Endorsement		Yes

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Form Schedule

Lead Form Number: A92336AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A92336AR	Policy/Cont	Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		87	A92336AR.pdf

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of, and is effective with, the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

Part 1, DEFINITIONS has been amended by adding "as applicable", "if applicable" or "as defined by the state" to the following definitions.

ADULT DAY-CARE FACILITY: a facility licensed, if applicable, by the appropriate state licensing agency to provide Adult Day Care. The facility must be staffed by a full-time director and one or more Licensed Health Care Practitioners in attendance during all operating hours. It must operate at least five days a week for a minimum of six hours per day, but is not an overnight facility. It must also maintain written records of medical services given to each client and have established procedures for obtaining appropriate aid in the event of a medical emergency.

ADULT FOSTER-CARE FACILITY: any facility or family home licensed, if applicable, by the Senior and Disabled Services Division or the Mental Health and Developmental Disabled Services Division to operate as an adult foster home. The facility must provide room and board and 24-hour care services, for compensation, to five or fewer adults who are not related to the operator of the facility by blood or marriage.

ASSISTED-LIVING FACILITY: a properly licensed facility, as defined by the state in which care is provided, that uses a program approach to providing or coordinating primarily continuous 24-hour care and services to support the needs of at least six inpatients. The facility must have a Licensed Health Care Practitioner under contract at all times to provide the required care and have established procedures for meal preparation and the proper administration of medications. This includes facilities licensed as hospice facilities. It does not include a hospital or clinic; a place that primarily treats the mentally ill, drug addicts or alcoholics; a Nursing Home Facility; your home; primarily a place for domiciliary, residential or retirement living, or a similar establishment.

HOME HEALTH CARE PROVIDER: a registered nurse; a licensed practical or vocational nurse; licensed physical therapist; a licensed or state-certified home health aide; a licensed occupational, speech, or inhalation therapist; or a licensed medical social worker. Any license referred to herein must be issued, as applicable, by the state in which the individual or agency is located. The Home Health Care Provider cannot be a member of your Immediate Family or anyone who normally resides in your home or residence.

HOSPICE FACILITY: an inpatient facility, licensed by the state, as applicable, in which it is located, that provides to persons who are terminally ill a centrally administered range of services for palliative and supportive care.

NURSING HOME FACILITY: a facility or a distinctly separate part of a hospital or other institution that is licensed, as applicable, by the appropriate state licensing agency to engage primarily in providing skilled, intermediate or custodial care and related services to inpatients. The facility must meet all of the following criteria:

- * It provides 24-hour-a-day nursing service under a planned program of policies and procedures developed with the advice of and is periodically reviewed and executed by a professional group of at least one Physician and one Nurse.

- * It has a duly licensed Physician available to furnish medical care in case of an emergency.
- * It has at least one Nurse employed there full time.
- * It has a Nurse on duty or on call at all times.
- * It maintains clinical records for all patients.
- * It has appropriate methods and procedures for handling and administering drugs and biologicals.

A Nursing Home Facility is not a hospital; an Assisted-Living Facility, a personal care home or a Hospice Facility; a place that primarily treats the mentally ill, drug addicts or alcoholics; a home for the aged; a rest home; primarily a place for domiciliary, residential or retirement living, or a similar establishment. **Alzheimer's facilities that are licensed as such by the state, as applicable, and meet the above Nursing Home Facility requirements will be covered.**

The following benefit has been added as Part 8.

YOUR RIGHT TO DECREASE BENEFITS

You have a right to lower the premiums for this policy by:

1. Reducing the maximum benefit.
2. Reducing the Nursing Home Daily Benefit to not less than the amounts offered to new issues for this policy. The Assisted Living and Home Care Benefits will decrease accordingly.

If you elect one of these options, a request for the change must be made in writing to Aflac and is not subject to evidence of insurability. The premium will be based on your issue age as of the original effective date of this policy. If you have any optional inflation coverage in force, the reduced Nursing Home Daily Benefit amount will continue to apply to the reduced amounts as stated in the rider.

If your policy is about to lapse, Aflac will provide written notice of these options available to you.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification 02/16/2009

Comments:

We certify that this filing meets the standards of Rule and Regulation 19, as well as Rule and Regulation 49 (Guaranty Association Notice Form A14640R is attached here for your information). The FLESCH score meets minimum standards and has been noted on the form schedule tab. The Consumer Information Notice is currently included on Policy Form A27000ARR, as well as on the applications previously approved.

Attachment:

A14640R.pdf

Review Status:

Bypassed -Name: Application 02/16/2009

Bypass Reason: This filing consists only of an endorsement for an existing (and previously approved) policy form.

Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 02/16/2009

Bypass Reason: This filing consists only of an endorsement for an existing (and previously approved) policy form. There will be no impact to the original product rates approved by your department on July 9, 2001.

Comments:

Review Status:

Bypassed -Name: Outline of Coverage 02/16/2009

Bypass Reason: This filing consists only of an endorsement for an existing (and previously approved) policy form.

Comments:

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000—no matter how many policies or contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values—again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which these benefits could be provided out of the assets of the impaired or insolvent insurer.